

**United States District Court
Violation Notice**

(Rev. 1/2019)

Location Code	Violation Number	Officer Name (Print)	Officer No.
ALWZ	9763062	A. Barbay	829

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense	Offense Charged <input checked="" type="checkbox"/> CFR <input type="checkbox"/> USC <input type="checkbox"/> State Code
08/26/2021 0912	36 CFR 2.35(b)(2)

Place of Offense Denali Park Road Mile 3

Offense Description: Factual Basis for Charge **HAZMAT D**

Possess Controlled Substance

DEFENDANT INFORMATION Phone: (907) 371-4965

Last Name <u>BUCKLEY</u>	First Name <u>Jeffery</u>	M.I. <u>J.</u>
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Street Address
1852 Caribou Way

City	State	Zip Code	Date of Birth
Fairbanks	AK	99709	05/05/1972

Drivers License No.	CDL <input type="checkbox"/>	D.L. State	Social Security No.
7410451		AK	540 19 2511

<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair /	Eyes BLU	Height 6'0"	Weight 180
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VEHICLE **VIN:** **CMV**

<u>GRA 438</u>	<u>AK</u>	<u>11 Toyota prius Red</u>
APPEARANCE IS REQUIRED		APPEARANCE IS OPTIONAL

A If Box A is checked, you must appear in court. See instructions.

B If Box B is checked, you must pay the total collateral due or in lieu of payment appear in court. See instructions.

PAY THIS AMOUNT AT
www.cvb.uscourts.gov

YOUR COURT DATE

(If no court appearance date is shown, you will be notified of your appearance date by mail.)

Court Address	Date
In Custody	Time

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or in lieu of appearance pay the total collateral due.

X Defendant Signature In Custody
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Original - CVB Copy

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